

2013-2014 ROUNDTOP MOUNTAIN RESORT MULTI-VISIT CARD RELEASE AGREEMENT

Complete form entirely. **PLEASE PRINT** Once submitted, any change is subject to a \$25 fee. Valid starting 1/2/14, only at Roundtop.

NAME <u>JOHN A. DOE</u>	EMAIL _____	Club Name <u>HEMPFIELD REC.</u>
ADDRESS <u>25 MT. RD</u>	<u>SKIVILLE PA 12345</u>	Advisor Name <u>CRISTINE MASER</u>
DATE OF BIRTH <u>06/22/95</u>	AGE <u>18</u>	PHONE <u>(717) 898-1234</u>

If you are purchasing a card for the first time... **DO NOT STAPLE PHOTO!**

Please fill in if purchasing rentals.
 Height: _____ ft _____ in. Shoe Size: _____
 Weight: _____
 Male/Female: _____

SKILL LEVEL (check one)

- ☐ **Type 1** Cautious skiing at lower visual indicator settings
☐ **Type 2** Moderate skiing average visual indicator settings
☐ **Type 3** Aggressive skiing at higher visual indicator settings

SELECT MULTI-VISIT CARD PACKAGE:

IF PURCHASED BEFORE 11/4/13	IF PURCHASED AFTER 11/4/13
4 VISIT LIFT ONLY (4 hours w/night) _____	4 VISIT LIFT ONLY \$160 _____
4 VISIT LIFT/LESSON \$175 _____	4 VISIT LIFT/LESSON \$200 _____
4 VISIT LIFT/LESSON/RENTAL \$205 _____	4 VISIT LIFT/LESSON/RENTAL \$230 _____
*6 VISIT LIFT/LESSON \$225 _____	*6 VISIT LIFT/LESSON \$250 _____
*6 VISIT LIFT/LESSON/RENTAL \$255 _____	*6 VISIT LIFT/LESSON/RENTAL \$280 _____
*8 VISIT LIFT/LESSON _____	*8 VISIT LIFT/LESSON \$275 _____
*8 VISIT LIFT/LESSON/RENTAL \$275 _____	*8 VISIT LIFT/LESSON/RENTAL \$300 _____
ADVANTAGE CARD \$25 _____	ADVANTAGE CARD \$25 _____
HELMET (SELECT SIZE BELOW) \$50 _____	HELMET (SELECT SIZE BELOW) \$50 _____
PROTECTION POLICY \$8 (OPTIONAL) _____	PROTECTION POLICY \$8 _____
*available only for college classes	
TOTAL DUE \$ _____	TOTAL DUE \$ _____

CHOOSE FROM OUR TWO HELMET OFFERS!

Option 1: Smith Optics Helmet - \$50. Purchase details on the last page of this agreement. Tax is included. Please refer to sizing chart on back page when selecting your helmet size. Offer expires 11/1/13.

Option 2: Visit our Mountain Sports Shop and select your helmet. Show proof of purchase if you wish to return the helmet only and price. Our expert staff will size and custom fit your choice for you! Offer expires 1/15/14.

PROTECT YOUR INVESTMENT!

The protection policy offers a prorated reimbursement based on the schedule of coverage listed below. It is based only on the amount paid for the Multi-Visit Card. Coverage becomes effective in the event of a transfer by your employer necessitating a move of 125 miles or more, or injury and/or sickness which prevents your participation in the sport. Documentation from your physician is required. This option must be purchased with your initial order. If you do not purchase the protection policy, your purchase is considered final and non refundable for any reason.

1/01 - 1/13 90% 1/14 - 1/25 75% 1/26 - 2/5 50% 2/06 - 2/17 25% 2/18 - 3/01 10%

No claims accepted after 3/15/14.

YOUR SIGNATURE: The Liability Release Agreement and Responsibility Code, as located on the back of this page, and the Code of Conduct, as printed on the last page of this packet, must be completely read before signing below. Your signature assures compliance with these. Parental or guardian signature is required for participants under the age of 18. Keep the pink copy and the last page for your records.

I, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND AGREE TO THE PROGRAM LIABILITY RELEASE AGREEMENT AND RESPONSIBILITY CODE ON THE REVERSE OF THIS PAGE. I ALSO AGREE TO THE CODE OF CONDUCT AS PRINTED ON THE LAST PAGE OF THIS PACKET. I FURTHER UNDERSTAND AND I AM SIGNING ON BEHALF OF MYSELF, THE MINOR CHILD I AM REPRESENTING, AND OTHER PARENT/GUARDIAN, AGREEING TO BE LEGALLY BOUND HERETO.

Signature: _____ Date: _____
 Parent/Guardian (Signature of one parent/guardian binds both parents/guardians)

Signature: _____ Date: _____
 Participant

BOTH CHILD & PARENT